

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.2	14.2	deg C		Five Per Week	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	32 DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.9	27.1	deg C		Five Per Week	GRAB
00010 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.48	5.48	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	3637	*****	mg/L		Twice Every Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00310 O 0 See Comments	PERMIT REQUIREMENT	110 MO AVG	165 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	406	487	lb/d	*****	72	84	mg/L	5	Twice Every Week	COMP24
00310 P 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.38	*****	7.92	SU		Five Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		03/08/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

BOD/5 exceedences mo avg and weekly averageTSS/ mo. avg and weekly avg mg/l

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2828	*****	mg/L		Twice Every Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 Q 0 See Comments	PERMIT REQUIREMENT	138 MO AVG	207 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	494	703	lb/d	*****	90	125	mg/L	5	Twice Every Week	COMP24
00530 R 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	60	163	lb/d	*****	10.24	28.8	mg/L		Twice Every Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	292 MO AVG	658 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	33.3	41.6	mg/L		Twice Every Week	COMP24
00610 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	188	226	lb/d	*****	30.8	36	mg/L		Four Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	359 MO AVG	539 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.8	56	mg/L		Four Per Month	COMP24
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24

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BOD/5 exceedences mo avg and weekly averageTSS/ mo. avg and weekly avg mg/l

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Y=1;N=0		Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 DAILY MX	Y=1;N=0		Monthly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.733	.852	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.09	1.268	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4815.82	15531	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	Req. Mon. INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Oil and grease visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 DAILY MX	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL

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Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)878-5249	03/08/2013
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ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

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MAJOR

(SUBR 05)

CONDITIONAL MONITORING

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00718 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00981 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01002 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01074 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01079 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01094 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01113 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT DESIGNATOR B APPLIES ONLY WHEN RECEIVING PROCESS WW FROM AN ETHANOL FACILITY. MONITORING MAY BE DISCONTINUED ONCE TEN SAMPLES ARE COLLECTED. SEE PERMIT AT TABLE 2.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01114 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01119 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, hexavalent dissolved (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01220 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04262 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
32106 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Bis(2-ethylhexyl) phthalate	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
39100 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

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Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249	03/08/2013
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MAJOR

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DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.5	15.4	deg C		Five Per Week	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	32 DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.1	25.5	deg C		Five Per Week	GRAB
00010 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.97	4.97	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	3450	*****	mg/L		Twice Every Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00310 O 0 See Comments	PERMIT REQUIREMENT	110 MO AVG	165 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	375	460	lb/d	*****	62	76	mg/L	5	Twice Every Week	COMP24
00310 P 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.9	SU		Five Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

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O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1566	*****	mg/L		Twice Every Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 Q 0 See Comments	PERMIT REQUIREMENT	138 MO AVG	207 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	721	1000	lb/d	*****	118	166	mg/L	7	Twice Every Week	COMP24
00530 R 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	80	218	lb/d	*****	12.8	34.9	mg/L		Twice Every Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	292 MO AVG	658 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	32	52	mg/L		Twice Every Week	COMP24
00610 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	222	235	lb/d	*****	35.8	41	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	359 MO AVG	539 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	40	43	mg/L		Weekly	COMP24
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		04/04/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Y=1;N=0		Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 DAILY MX	Y=1;N=0		Monthly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.747	1.026	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.101	1.958	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	7918.2	10417.4	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	Req. Mon. INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Oil and grease visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 DAILY MX	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		04/04/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

CONDITIONAL MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00718 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00981 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01002 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01074 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01079 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01094 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01113 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

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Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		04/04/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT DESIGNATOR B APPLIES ONLY WHEN RECEIVING PROCESS WW FROM AN ETHANOL FACILITY. MONITORING MAY BE DISCONTINUED ONCE TEN SAMPLES ARE COLLECTED. SEE PERMIT AT TABLE 2.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

CONDITIONAL MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01114 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01119 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, hexavalent dissolved (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01220 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04262 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
32106 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Bis(2-ethylhexyl) phthalate	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
39100 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

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Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)878-5249	04/04/2013
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT DESIGNATOR B APPLIES ONLY WHEN RECEIVING PROCESS WW FROM AN ETHANOL FACILITY. MONITORING MAY BE DISCONTINUED ONCE TEN SAMPLES ARE COLLECTED. SEE PERMIT AT TABLE 2.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.1	17.7	deg C		Five Per Week	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	32 DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.1	25.8	deg C		Five Per Week	GRAB
00010 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.86	3.86	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	3253	*****	mg/L		Twice Every Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00310 O 0 See Comments	PERMIT REQUIREMENT	110 MO AVG	165 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	490	741	lb/d	*****	85	123	mg/L	5	Twice Every Week	COMP24
00310 P 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8.3	SU		Five Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		05/03/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6008	*****	mg/L		Twice Every Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 Q 0 See Comments	PERMIT REQUIREMENT	138 MO AVG	207 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	679	1034	lb/d	*****	118	172	mg/L	7	Twice Every Week	COMP24
00530 R 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	76	142	lb/d	*****	12.4	24.8	mg/L		Twice Every Week	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	292 MO AVG	658 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	35	53	mg/L		Twice Every Week	COMP24
00610 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	245	281	lb/d	*****	39	43	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	359 MO AVG	539 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	44	52	mg/L		Weekly	COMP24
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		05/03/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Y=1;N=0		Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 DAILY MX	Y=1;N=0		Monthly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.709	.889	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	1.262	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3122	24196	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	Req. Mon. INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Oil and grease visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 DAILY MX	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		05/03/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.92	toxic		Annual	COMP24
TT000 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert	TELEPHONE	DATE
Mary Lou Herbert/ Supervisor			(208)878-5249	05/03/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

CONDITIONAL MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00718 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00981 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01002 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01074 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01079 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01094 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01113 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		05/03/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT DESIGNATOR B APPLIES ONLY WHEN RECEIVING PROCESS WW FROM AN ETHANOL FACILITY. MONITORING MAY BE DISCONTINUED ONCE TEN SAMPLES ARE COLLECTED. SEE PERMIT AT TABLE 2.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663

PERMIT NUMBER

003-B

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2013

MM/DD/YYYY

04/30/2013

DMR Mailing ZIP CODE:

83318

MAJOR

(SUBR 05)

CONDITIONAL MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01114 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01119 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, hexavalent dissolved (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01220 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04262 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
32106 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Bis(2-ethylhexyl) phthalate	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
39100 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

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Mary Lou Herbert/ Supervisor				(208)878-5249		05/03/2013	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT DESIGNATOR B APPLIES ONLY WHEN RECEIVING PROCESS WW FROM AN ETHANOL FACILITY. MONITORING MAY BE DISCONTINUED ONCE TEN SAMPLES ARE COLLECTED. SEE PERMIT AT TABLE 2.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.1	22.3	deg C		Five Per Week	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	32 DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.8	30.2	deg C		Five Per Week	GRAB
00010 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.48	7.48	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2836	*****	mg/L		Twice Every Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00310 O 0 See Comments	PERMIT REQUIREMENT	110 MO AVG	165 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	570	786	lb/d	*****	88	115	mg/L	5	Twice Every Week	COMP24
00310 P 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8	SU		Five Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

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Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		06/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O=MONTHLY AVERAGE EFFLUENT FLOW <0.44 MGD; P=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; Q=MONTHLY AVERAGE EFFLUENT FLOW <0.55 MGD; R=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD

81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2116	*****	mg/L		Twice Every Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 Q 0 See Comments	PERMIT REQUIREMENT	138 MO AVG	207 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	612	907	lb/d	*****	98	169	mg/L	8	Twice Every Week	COMP24
00530 R 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	39	103	lb/d	*****	5.5	13.3	mg/L		Twice Every Week	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	1759 MO AVG	3966 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	47	81	mg/L		Twice Every Week	COMP24
00610 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	267	307	lb/d	*****	39	41	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	359 MO AVG	539 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	60	mg/L		Weekly	COMP24
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24

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Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		06/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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81010 K=MONTHLY AVERAGE EFFLUENT FLOW >0.44 MGD; 81011 K=MONTHLY AVERAGE EFFLUENT FLOW >0.55 MGD.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Y=1;N=0		Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 DAILY MX	Y=1;N=0		Monthly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.76	1.031	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.085	1.357	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2085	12033	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	Req. Mon. INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Oil and grease visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 DAILY MX	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

CONDITIONAL MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00718 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00981 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01002 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01074 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01079 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01094 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01113 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Mary Lou Herbert		TELEPHONE		DATE	
Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		06/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT DESIGNATOR B APPLIES ONLY WHEN RECEIVING PROCESS WW FROM AN ETHANOL FACILITY. MONITORING MAY BE DISCONTINUED ONCE TEN SAMPLES ARE COLLECTED. SEE PERMIT AT TABLE 2.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BURLEY, CITY OF

ADDRESS: 401 HILAND
BURLEY, ID 83338

FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

LOCATION: 9999 RAILROAD AVENUE
BURLEY, ID 83318

ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

CONDITIONAL MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01114 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01119 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, hexavalent dissolved (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01220 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04262 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
32106 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Bis(2-ethylhexyl) phthalate	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
39100 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

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Mary Lou Herbert/ Supervisor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249	06/10/2013
TYPED OR PRINTED				AREA Code	NUMBER

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ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	23	deg C		Five Per Week	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	32 DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	28	31	deg C		Five Per Week	GRAB
00010 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	3702	*****	mg/L		Twice Every Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00310 O 0 See Comments	PERMIT REQUIREMENT	110 MO AVG	165 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	423	647	lb/d	*****	78	152	mg/L	6	Twice Every Week	COMP24
00310 P 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.6	SU		Five Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

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Dee Hodge/ Lead Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249		07/10/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Alkalinity, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5691	*****	mg/L		Twice Every Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 Q 0 See Comments	PERMIT REQUIREMENT	138 MO AVG	207 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	533	848	lb/d	*****	97	199	mg/L	6	Twice Every Week	COMP24
00530 R 0 See Comments	PERMIT REQUIREMENT	600 MO AVG	901 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	COMP24
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	35	91	lb/d	*****	7	18	mg/L		Twice Every Week	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	1759 MO AVG	3966 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	34	45	mg/L		Twice Every Week	COMP24
00610 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	COMP24

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FACILITY: BURLEY, CITY OF - BURLEY-HEYBURN INDUSTRIAL PARK

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ATTN: TERRY GREENMAN, MAYOR

ID0000663	003-A
PERMIT NUMBER	DISCHARGE NUMBER
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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83318

MAJOR

(SUBR 05)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	303	342	lb/d	*****	49	61	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	359 MO AVG	539 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	57	mg/L		Weekly	COMP24
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Y=1;N=0		Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 DAILY MX	Y=1;N=0		Monthly	VISUAL

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DISCHARGE TO SNAKE RIVER

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.65	1.12	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.05	1.18	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	194	794	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	Req. Mon. INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	NODI E				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Oil and grease visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 DAILY MX	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL

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CONDITIONAL MONITORING

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00718 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00981 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01002 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01074 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01079 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01094 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01113 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

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MAJOR

(SUBR 05)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01114 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01119 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, hexavalent dissolved (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
01220 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04262 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
32106 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24
Bis(2-ethylhexyl) phthalate	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
39100 H 0 During Manufacturing	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly When Discharging	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dee Hodge		TELEPHONE	DATE
Dee Hodge/ Lead Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)878-5249	07/10/2013
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT DESIGNATOR B APPLIES ONLY WHEN RECEIVING PROCESS WW FROM AN ETHANOL FACILITY. MONITORING MAY BE DISCONTINUED ONCE TEN SAMPLES ARE COLLECTED. SEE PERMIT AT TABLE 2.